

IAP20 Rec'd PETITO 17 JAN 2006

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD OF HANDLING ATM PACKETS AT THE VP LAYER
Attorney Docket Number::	STEIN10
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Shai

Middle Name::
Family Name:: STEIN
Name Suffix::
City of Residence:: Raanana
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 4/17 Shy Agnon Street
City of Mailing Address:: Raanana
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 43380
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Moredechay
Middle Name::
Family Name:: MORGENSTERN
Name Suffix::
City of Residence:: Petach-Tikva
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 29 Begin Road
City of Mailing Address:: Petach-Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49372
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Aharon
Middle Name::
Family Name:: LAVON
Name Suffix::

City of Residence:: Lod
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 18/20 Barak Street
City of Mailing Address:: Lod
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 71281

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/000585	07-01-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	156923	07-15-03	Yes

Assignment Information

Assignee Name:: ECI Telecom Ltd.
Street of Mailing Address:: 30 Hasivim Street
City of Mailing Address:: Petach-Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49517